

**APPLICATION FOR WATER SERVICE
CITY OF BIXBY – P.O. BOX 70, BIXBY OK, 74008
918-366-4430**

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ OWNER _____ RENTER _____

SPOUSE OR CO-OCCUPANT: _____

LAST FOUR OF PRIMARY ACCOUNT HOLDER'S SOCIAL: _____

PHONE # _____ ALTERNATIVE # _____

EMAIL: _____

WOULD YOU LIKE PAPERLESS BILLING? YES _____ NO _____

DATE OF SERVICE REQUESTED TO BE TRANSFERRED: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE): _____

LANDLORDS NAME (IF A RENTAL): _____ PHONE # _____

HAVE YOU EVER HAD BIXBY WATER SERVICE BEFORE? YES _____ NO _____

IF SO WHAT ADDRESS? _____

THE UNDERSIGNED, SPOUSE AND/OR CO-OCCUPANT(S) AGREE TO PAY ESTABLISHED RATES SET FORTH BY THE CITY OF BIXBY ORDINANCES AND AGREES TO REGULATIONS GOVERNING SAID SERVICES. THIS APPLICATION BECOMES A LEGAL AND BINDING CONTRACT UPON ESTABLISHMENT OF SERVICE.

APPLICANT SIGNATURE: _____ DATE: _____

ACCOUNT#: _____ WORK ORDER#: _____

DEPOSIT AMOUNTS: \$100.00 for Residential \$200.00 for Commercial

NOTE: DEPOSITS MUST BE PAID IN PERSON, BY MAIL, OR DROPPED IN PAYMENT DROPBOX AT 116 W NEEDLES (CITY MUNICIPAL BUILDING), BEFORE SERVICE IS ESTABLISHED. WE DO NOT ACCEPT PHONE PAYMENTS.